
OLR Bill Analysis

sHB 6392

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.

SUMMARY:

This bill changes Department of Mental Health and Addiction Services' (DMHAS) reporting requirements by (1) combining certain reports with its triennial state substance abuse plan and (2) eliminating the requirement that hospitals annually report to DMHAS on protocols they use to screen patients for alcohol and substance abuse.

The bill also makes technical changes.

EFFECTIVE DATE: July 1, 2013

STATE SUBSTANCE ABUSE PLAN

The law requires DMHAS to develop a state substance abuse plan for preventing, treating, and reducing alcohol and drug abuse that includes statewide, long-term planning goals and objectives. The first plan was developed in 2010 and must be updated every three years. The bill deletes an obsolete provision requiring the commissioner to submit the original plan's final draft to the Connecticut Alcohol and Drug Policy Council (CADPC) for review and comment.

The bill also specifies that the plan must address an appropriate array of prevention services, in addition to treatment and recovery services and a sustained continuum of care as required by current law.

Connecticut Alcohol and Drug Policy Council Statewide Plan

The bill eliminates the requirement that the CADPC annually submit an evaluation of its statewide plan on substance abuse treatment and prevention programs and any proposed changes to the governor and legislature. It instead requires the DMHAS commissioner to evaluate the council's plan and recommendations and

include this information in the state substance abuse plan.

DMHAS Data Repository of Substance Abuse Programs

The bill requires the state substance abuse plan to include a summary of DMHAS' data repository of substance abuse programs administered by state agencies (including the Judicial Branch) and state-funded community based programs. The summary must include (1) client demographic information, (2) substance use, abuse, and addiction trends and risk factors, and (3) the effectiveness of services based on outcome measures. It eliminates the existing requirement that the DMHAS commissioner report this information every two years to the legislature, the Office of Policy and Management, and CADPC in a separate report.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 28 Nay 0 (03/11/2013)